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Quarterly Complaint Report

This form is meant to summarize all complaints made to an Area Authority/County Program (AA/CP) for each quarter in the state fiscal year. This form is only for complaints, not information requests, compliments, investigations, referrals or Medicaid Appeals.

Name of AA/CP or LME

SFY05-06 Quarter Reported On (1,2,3,4)

1st Qtr (Jul,Aug,Sep)

Section 1 - Summary of Complaints Made

Total Number of Complaints Received by LME for Quarter

Number
by
Category

Total Number of Complaints By or On Behalf of a Consumer

Total Number of Complaints Not By or On Behalf of A Consumer

This should include all complaints made.

Person Making Complaint is:

Anonymous
Attorney
Consumer
Consumer Advocate/Representative
DMH/DD/SAS
Family Member
Parent/Guardian
Provider
LME Staff
OTHER

Each complaint should only be listed in one category.

Age of Consumer Whose Behalf Complaint is Being Made

Child (Ages 0-17)
Adult (Ages 18 and Older)
Unknown Age
Does not Apply (N/A)- Complaint not made on behalf of a consumer

If complaints are not made on behalf of a consumer, the numbers should be shown as "does not apply".

Disability of Consumer on Whose Behalf Complaint is Being Made

Mental Health Only
Developmental Disabilities Only
Substance Abuse Only
Multi-Disability
Unknown Disability
Does not Apply – (N/A) Complaint not made on behalf of a consumer

If complaints are not made on behalf of a consumer, the numbers should be shown as "does not apply".

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Quarterly Complaint Report**Primary Nature of Complaint (person is dissatisfied with)**

Abuse, Neglect, Exploitation
 Access to Services
 Client Rights
 Confidentiality/HIPAA
 Human Relations
 Incident/Safety Concern
 Medication
 Payment/Billing
 Provider Choice
 Quality of Care
 Level of Care/ Treatment Decisions
 Service Provider
 Service Related
 OTHER (i.e. Administrative matter)

Each complaint should only be listed in one category. The totals should equal the total number of complaints.

Section 2- Summary of Actions Taken and Final Disposition**Total Number of Complaints that Resulted in an Investigation**

Investigation includes any form of Investigation by DFS, DSS, DMH/DD/SAS or LME, including Provider Monitoring and/or Client Rights Investigation.

Total Number of Complaints that Did Not Result in an Investigation

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Total Number of Investigations that were Substantiated

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Total Number of Investigations that were Not Substantiated

--

Total Number of Investigations that were Partially Substantiated

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Total Number of Complaints that required no Further Action

--

Complaints include all cases, including those resulting in an investigation.

Total Number of Complaints that resulted in Recommendations Only

--

Total Number of Complaints that resulted in a Corrective Action Plan

--

Total Number of Complaints that were Resolved

--

Complaints include all cases, including those resulting in an investigation.

Total Number of Complaints that were Partially Resolved

--

Total Number of Complaints that were Unresolved

--

Total Number of Final Dispositions by LME

--

Complaints include all cases, including those resulting in an investigation.

Total Number of Final Dispositions by DSS

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Total Number of Complaints Final Dispositions by DFS

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Total Number of Final Dispositions by DMH/DD/SAS/DD

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Quarterly Complaint Report**Section 3 - Examples of how AA/CP or LME is analyzing patterns and using complaint data.**

Provide a brief description of patterns identified through data analysis, strategies developed to address identified problems or opportunities for improvement, actions taken, evaluation of the results of actions taken and/or next steps being planned.

	Description
Analyses (patterns)	
Strategies Developed	
Actions Taken	
Evaluation of Results of Actions Taken	
Next Steps	

Name of Person Completing Report (print):

Date:

Title:

Phone:

Email:

Direct any questions to: DMH/DD/SAS Customer Service and Community Rights Team

Phone 919-715-3197 FAX: 919-733-4962